

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/31/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L3-5 Decompression Diskectomy with 1 day LOS

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified Orthopedic Spine Surgeon, Practicing Neurosurgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☐ Upheld (Agree)

☒ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Cover sheet and working documents

Pain management SOAP notes 01/18/12-01/20/12

Case summary report dated 01/31/12

Concentra clinic note dated 02/02/12

Work status report dated 02/10/12

Email notification dated 02/21/12

Case summary report dated 02/23/12

CT orbit screening; MRI lumbar spine without contrast dated 02/24/12

Initial consultation and follow-up notes Dr. 03/14/12-05/16/12

Operative report 04/06/12

initial plan of care and follow-up notes 04/11/12-04/26/12

Surgery scheduling slip / checklist 05/12/12

Notification of adverse determination / partial dated 06/07/12

Notification of reconsideration adverse determination dated 07/12/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male whose date of injury is xx/xx/xx. Records indicate he was lifting a heavy skid plate and injured his low back with pain radiating to right lower extremity. MRI of lumbar spine on 02/24/12 revealed a 4 mm central disc protrusion at L3-4 flattening the thecal sac. At L4-5 there is large 9 mm right paracentral disc protrusion, and also large right side extradural mass and right lateral recess, 12 x 9 x 8 mm. This likely represents large superiorly herniated disc on L4-5. There is severe canal stenosis to 5 mm and severe right lateral recess narrowing. The claimant complained of ongoing low back pain and right leg pain. Records indicate he was treated conservatively with physical therapy. He underwent epidural steroid injection on 04/06/12. Follow-up on 05/16/12 noted the claimant reported

only about 3 weeks of relief following epidural steroid injection. He continued to complain of low back pain and pain radiating down into right leg. It was noted the claimant had physical therapy for last several weeks, treated with medications, and failed single injection and had signs of radiculopathy. It was therefore felt he would be candidate for decompression at L3-4 and L4-5. Records indicate the claimant also failed chiropractic care and anti-inflammatory medications.

A request for L3-5 decompression discectomy with 1 day LOS was non-certified on utilization review dated 06/07/12 noting there was limited documentation substantiating failure of conservative treatment with no medication reviews with symptom logs indicating failure of optimized formal pharmacotherapy to adequately address the claimant's symptoms. There also were no physical therapy progress reports documenting lack of progress with the rendered treats.

A reconsideration request was non-certified per utilization review dated 07/12/12 noting that there were still no records of pain assessment associated with medication use and physical therapy reports indicating lack of progress with these therapeutic interventions.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Based on the clinical information provided, the proposed surgical procedure with L3-5 decompression discectomy with one day inpatient length of stay is supported as medically necessary. The claimant is noted to have sustained a lifting injury to the low back. He complained of low back pain radiating to the right lower extremity. Records indicate the claimant failed to improve with anti-inflammatory medications, physical therapy, chiropractic care and physical therapy. The claimant also underwent epidural steroid injection which provided only temporary relief. MRI of the lumbar spine performed 02/24/12 revealed a large 9mm right paracentral disc protrusion at L4-5 and also a large additional disc herniation superiorly likely an extruded disc with severe canal stenosis. There was also a 4mm central disc protrusion at L3-4 with canal stenosis. Claimant had physical examination findings consistent with imaging studies. As such the claimant meets Official Disability Guidelines criteria for the proposed decompressive discectomy and surgical intervention is indicated as medically necessary. Consequently previous denials are overturned.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES